



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine 04333

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Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

MAINE ETHICS COMMISSION

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010**. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name /// // ///		Office:					
SEDIUS PIN	☐ House ☐ Senate						
Mailing address PU BDY 468	District 33						
City, zip code Humpalen, ME 02/4/4		Phone 207-802-6011					
,							
PART 1. INCOM	E DERIVED FROM EMPLOYMENT I	BY ANOTHER					
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer	Address	Principal Type of Economic Activity of Employer					
State of Maine		legislator					
PDA Door	589 main Rd Worth, Hampde	n ME sales - Service					
	0	444					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)							
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.							
Name and Address of Business Entity	Major Areas of Economic (self)	Major Areas of Economic Activity Activity (partnership, association or similar business entity)					
Name: Address:							
Name:							
Address:							
		1					

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)					
B. List each source of income derived from self-employment that represents no greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	son from whom you de	rived such income. If this form of			
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:	·				
Address:	THE STATE OF THE S				
Name:	**************************************				
Address:	04444				
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-					
List your major areas of practice. If associated with a law firm, list the major area	Annual 2020 (SECOLO DE PRÉSIDE DE SOUS PROPERTOR POR PORTOR PORTOR POR PORTOR PORTO				
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)			
Name: Address:					
Name:					
Address:		**************************************			
PART 4. OTHER SOURCES C	F INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gift	ts. If none, check the box.			
None		Kind of Income			
Name and Address of Source		(investments, leases, etc.)			
Name: Address:	MMMM dan paris arps				
Name:	An	- Page 2017年			
Address:	everthic Pharacology Science Control	•			
PART 5. REPORTABLE LIA	BILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you	ou received during the re	eporting period, and list the major			
areas of economic activity of each creditor. Do not list credit card liability or loans None	s from a relative. If none	e, check the box.			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:	kana ana ang mana di manana ang m Ing manana ang manana a	edian dismonino de grancendos tracem ser Testramento associados ederecentais nemera arma en marqua.			
Address:	annikasse pietoja viva				
Name:		TO COLONIO CO COLONIO CONTRA COLONIO CO			
Address:	રો તે કેટ ને તે તે તે ક				

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PART 6. RE	PORTABLE GIFTS		al Elisabeth de la
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate va	lue of more	than \$300 from a single source. If
None	rredigteren die tet det tredt verschieder webberennen verscher verscher verscher verscher verscher versche ver	and Internative Control of the Control of the Internative Anna	
Name of Source of Gift 1.	Compliant transformation and Arthur banding and consistent spin perfect the site of the si	Name of	Source of Gift
2.	managang magamang ilan tilan tan mananan kana inamamatan kanapatan ininka kata ininka kata kanapa kanapa kanap Manananan kanapa ka	n ann a stan an airm ann an Airm ann an Airm ann ann airm ann airm ann airm ann airm ann airm ann airm airm ai	ANPER PERPENTINSA KATURUK KATUR
<i>L</i> .	4.	· • • • • • • • • • • • • • • • • • • •	
PART 7. REPO	RTABLE HONORARIA		
List the source of any honoraria accepted for appearances or spec	eches related to your legis	lative respo	nsibilities. If none, check the box.
None Name of Source of Honoraria	erink sykreting nikuping phingspape papagang reproduktion produktion yang menerapat silinen menerapsis its ermopsis	lame of Sou	ırce of Honoraria
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2.	in the contract of the contra	overlyes passage overlien varieties (4,50 aller in	
2.	**		
PART 8. REPRESENTAT			
List each executive branch agency before which you represented box.	d or assisted others for co	mpensation	of any amount. If none, check the
None None			
Name of Agency 1.		Name	of Agency
	3.	n vertan verne verver til salari la ledela elektrikanskri.	
2.	4.		
PART 9. BUSINESS	S WITH STATE AGENC	IES	
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate family so	old goods or	services with a value in excess of
None	~VIvenda.vAllederitetiveta.V.Ferda-feriletitetiriteta/988v.feActoritAvs.Sav.vacineria.ta/barba/11lederitera	\$~~~\!\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NARANIENNOSIANIENESULENSSELENESAASIANIENASIANIENASIANAAANAANIENESAANAAANAANIENESAANAAANAANAANAANAANAANAANAANAA
Name of Agency		Name	of Agency
1. Maine Sept of Transport	A. MAINE I	u of	Prisons (ar)
2/F3'W (MR)	4. Maire I	13/10	+ du 3, (MR)
DARTUS MOONE RECEIVED I	NAMEMBERS OF IMM	-1.14	NAL Y
PART 10. INCOME RECEIVED E List the type of economic activity representing each source of inc			
dependent child(ren) during the reporting period and the kind of it or more of income, their name and job title are listed. Do not inclu	ncome represented. If you		
Ту	pe of Economic Activity	Relationship	Kind of Income
	Income Received	(Claudisinp	
redirie. 42/00/8/10/10/10/9/00/9/00	sales, service, rental property	Spouse or Domestic	1. salary 2. Nent
Job Title: Gen' Mar, President 3.	Mestical property	Partner	3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent	
activity and the kind of income.		Child	ermal solution also the Mark Mark Mark to the formance or one consequence and an extended an expression appropriate grade and a specific and
	А-Анишининин	Dependent Child	

any office, trust	fit or nonprofit corporation, firm, association, pa eeship, directorship, or position of any nature. ted. If a family member listed, indicate your rela	Indicate whether you	or a family held the	position and whether	ediate family held er the position *
□ None		ng-robinskernheidskande eine kommen ander eine eine eine eine eine eine eine ei			***************************************
menti Somming og ett gregorisk somming springen skyllige fra skyllige fra skyllige fra skyllige fra skyllige f Transis Somming og ett gregorisk skyllige fra skyllige fra skyllige fra skyllige fra skyllige fra skyllige fra	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Assoc Ri	ulderox Contractors	Board	Jebra		110
Augusta	e, 1178	7/*			
PORTO	R, 589 MRN, Hampter	President	Sportse	Sould	10
Anomi	un + Filer Fumpen ME	Risident	,	Saud	120
PD 6 Sol 584 M	PEN Hamplen, ME	Clerk .	Hebla		no
		SIGNATURE			
Δ I edislator wh	no willfully fails to file a required statement		of up to \$100 (1.1		\ \
williumy med a i	false statement, it shall refer its findings of	Tact to the Attorney	2-19-	S.A. § 1019)	
	Signature			Pate	
	ADDITIO	ONAL INFORMATIO)N		
	e any additional information below (and on n you are providing.	additional sheets if	needed). Indicat	e the part or secti	on number for
Part/Section Number					
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PART 11. OFFICER OR DIRECTOR POSITIONS